

Facility: _____ Inspector(s): _____ Date: _____

1. Attendant Training Checklist for Intermediary Service Organization (ISO) – (Initial & Focus)

ISO to PCA: Document dates of training in each section.

# _____ Name of PCA:	Employees Background Check NRS 449.119 to 449.125 & 449.174 * (1565)	Physical/Tuberculosis Screening All Employees NAC 441A.375 * (1554)	General Training for PCA (1600)	Rights and Responsibilities of Client & Attendant (1600)	Groom and Dress Person with Disability (1600)	Bathing, Proper Hygiene, Bed-Bath & Tub-Bath Technique (1600)	Bowel, Bladder, Skin Care (1600)	Assistive Technology (1600)	Nutrition and Food Prep, Balanced Meals, Hydration, Food Storage (1600)	Maintaining Records, Ensure Confidentiality and Receives Services from Plan of Care (1600)
Hire Date:	State:	Physical:								
Date of Initial Care:	FBI:	1 st Step:								
Client Assigned to:	5 Yr.:	2 nd Step:								
	*CHS: Y N	(+) TB:								
	*FP:	X-ray:								
	*10 day: Y N	Annual/SS:								
	NABS:	Annual/SS:								

* For newly hired employees with no BG check reports in file, check for **CHS** = Criminal History Statement, Circle Y if in the file; **FP** = Fingerprints, record date; **10 day** = Circle Y if Fingerprints started within 10 days of hire. **NABS** = enter date of Clearance Letter; **1st/2nd Step** = 1st and 2nd step tuberculosis (TB) testing dates. List start and end date of each test, ex. 4/15-17/08 = Injected on 4/15/08, test read on 4/17/08; **+TB** = Record the date the Employee tested positive for TB; **X-ray** = Record the date of the negative chest x-ray; **Annual** = Yearly 1-step TB test or signs/symptoms if + TB. If in the facility for more than two years, record the current 1-step TB test or signs/symptoms and the previous 1-step TB test or signs/symptoms.

CLIENT to PCA: Document dates of training in each section.

Documented Physician Order for Specialized Training Specific to Client (I518)	Annual Physician Order (I518)	Proof of PCA Specialized Training Specific to Client (I575/I580)	16 hrs. of Initial Training within 120 days to include (1-8): 	1. Rights of a Client, Confidentiality (I581)	2. FA/CPR (I553 or I581)	3. Infection Control, Universal Precautions, Blood Path. (I581)	4. Body Mechanics, Transfers, ROM (I581)	5. Household Safety, Accident Prevention (I581)	6. Communication Skills (I581)	7. Advance Directives (I581)	8a. Prevention of Abuse and Neglect/Elder Abuse Training Initial (I581)	8b. Elder Abuse Training Annual	Annual 8 hrs. of Training/ Certificate (I591 & I592)